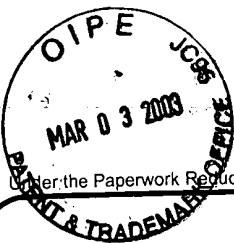


2654 #4



PTO/SB/21 (08-00)
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number 09/863,576

Filing Date 05/23/2001

First Named Inventor Lee et al.

Group Art Unit

Examiner Name

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Total Number of Pages in This Submission 4

Attorney Docket Number

ENCLOSURES (check all that apply)

☐ Fee Transmittal Form

☐ Fee Attached

☐ Amendment / Reply

☐ After Final

☐ Affidavits/declaration(s)

☐ Extension of Time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Response to Missing Parts/ Incomplete Application

☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

☐ Assignment Papers (for an Application)

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a Provisional Application

☐ Power of Attorney, Revocation Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s) _____

☐ After Allowance Communication to Group

☐ Appeal Communication to Board of Appeals and Interferences

☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☒ Other Enclosure(s) (please identify below):

Request for Withdrawal as Attorney

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name

John V. Biernacki

Signature

John Biernacki

Date

Feb 25, 2003

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Kathie J. Kopczyk

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PTO/SB/83 (03-02)

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	09/863,576
Filing Date	May 23, 2001
First Named Inventor	Lee et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	

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To: Assistant Commissioner for Patents
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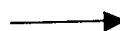
I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

The client has failed to pay one or more bills rendered by the practitioner for an unreasonable period of time.

The undersigned attorney of record has previously notified the applicant of this request, and will do so again by copy of this form.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS☐ Customer NumberPlace Customer Number
Bar Code Label here

OR

☒ Firm or
Individual Name

Brian T. McGee, C.A.

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Zeifman & Company, LLP

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Chartered Accountants, 201 Bridgeland Avenue

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State

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M6A 1Y7

Country

Canada

Telephone

Fax

☒ This request is made on behalf of myself and☒ all the attorneys/agents of record,☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or☐ the attorneys/agents associated with Customer Number

This request is enclosed in triplicate (including any attachments).

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Name

John V. Biernacki

Signature

Date

FEB. 25, 2003

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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